



Harm Reduction Drug Policies and Practice: International Developments and Domestic Initiatives

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Harm reduction was first framed as a strategy that could coexist with and complement prevailing drug policies. The classic intent of prohibitionist policies has been to stop drug trade and drug use. In contrast, harm-reduction strategies seek to reduce the “harms” that have become associated with the use of illicit drugs. With the growing worldwide acknowledgment that current policies and the antidrug “wars” not only ignore but exacerbate these “harms”—witnessed particularly by the unchecked spread of HIV—the harm-reduction paradigm has become a way to formulate proactive drug policy recommendations, including some forms of advocacy for drug legalization. Charges that harm reduction is equivalent to legalization, however, brought, for example, by the United States Conference of Mayors,¹ discourage debate and ignore new data.

Harm reduction aims to (1) refine and revise our understanding of addiction, in light of developments in neuroscience, clinical

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practice, and public health; (2) develop better treatment methods, including substitution drugs, as well as new ways to organize the delivery of existing methods; and (3) explore how new models for distributing "controlled substances" may reduce harms. The overarching "culture" of this movement is a humanistic attitude toward drug users, based on public health principles.

This section of the *Bulletin* includes papers from the symposium. Among them are presentations delivered by participants from the United Kingdom, the Netherlands, Switzerland, and Australia. Many of the conceptual models and clinical practices described, although representative of methods being tried in still other countries, are unknown to clinicians in the United States and are prohibited under current US law regulating medical practice and drug treatment. Drug-substitution therapies abroad go far beyond the relatively rigid and increasingly outmoded model of methadone maintenance that prevails in the United States, particularly on the eastern seaboard. Foreign programs to provide drugs to long-time users, under medical supervision, are sensitive to addicts' needs and preferences, and proffer alleviation of societal harms caused by the illicit drug trade.

In the lead paper, Dr. Alex Wodak, of Sydney, Australia, an international leader in drug policy reform, overviews harm reduction, which he describes as consistent with traditional clinical and public health practice and a template for approaching drug use and other salient issues. Dr. Colin Brewer, a British psychiatrist who has provided pharmacological therapies for the treatment of opiate, cocaine, and stimulant dependencies, examines principles of substitution treatment and describes delivery of harm-reduction services within an office-based setting. Dr. Robert Haemmig, a leading innovator in Swiss drug treatment methods and a psychiatrist with over 12 years of experience in both methadone maintenance and community models of addiction treatment, directs a treatment clinic in Bern that is part of a landmark five-city clinical trial. Now in its second year of providing injectable heroin and injectable methadone, this program will enroll up to 2,000 patients, many of whom failed prior treatment attempts. Dr. Geil

van Brussel, also a psychiatrist, heads drug-abuse treatment in Amsterdam's Municipal Health Service. He describes that city's comprehensive programs, which rely on general practitioners to provide drug treatment and to care for patients in methadone maintenance programs. Significantly, more than 50% of methadone in the Netherlands is now provided in office-based general practice.

The last two papers in this section focus on needle exchange, particularly on the nature of the scientific debate in the United States. The term "harm reduction" is not accepted either by the White House Office of National Drug Control Policy or by the United Nations Drug Control Program, which is heavily financed by the United States. Despite support from the Institute of Medicine and other health institutions, ongoing controversy over needle exchange makes this intervention the primary topic of harm reductionists and their opponents. Dr. Peter Lurie is the principal investigator of a Centers for Disease Control (CDC) commissioned study, released in 1993.² His article in this issue tells the fate of that study, which found overwhelming data supporting needle exchange, at the hands of the federal agency that commissioned it. The article by Julie Hantman further investigates this mix of politics and science surrounding needle exchange and uses public health criteria to criticize the scientific agenda itself. Both authors call for broad-based implementation of needle exchanges and other programs to combat HIV in injecting drug users.

Though not presented in this issue of the *Bulletin*, other symposium presentations on US-based initiatives included discussions of methadone by Dr. Robert Newman, founder of New York City's methadone program, and by Stan Novick, President of the National Alliance of Methadone Advocates (NAMA), who delivered a striking account of his personal experience as a methadone client. (Dr. Newman's article was submitted to the *Bulletin* separately—*Ed.*) Finally, front-line practitioners of harm reduction and members of the Harm Reduction Coalition (HRC), a national organizing body, described major principles and strategies they

have developed. Speakers included Allan Clear and Joyce Rivera-Beckman, two New York City-based directors of harm-reduction agencies that conduct needle exchanges and other programs; Ellen Fishman, chairperson of a new drug users' group based in New York's Lower East Side; and national innovators and educators Edith Springer, George Clark, and Imani Woods. Through discussion and role-plays, these practitioners criticized the drug-treatment system for bearing judgmental, patronizing, and ultimately harmful attitudes toward drug users. Instead, they stated, caregivers should recognize the grave obstacles to recovery from drug use, and assist drug users to take steps to reduce harm to themselves and others. On a concrete level, harm reductionists may conduct needle exchanges, foster the development of drug users' groups, and participate in growth of the movement through organizations such as the North American Syringe Exchange Network (NASEN) and the International Conference on Harm Reduction.

The presentations offered in this section of the *Bulletin* attempt to lay the groundwork for new directions in drug treatment and policy in the United States. We hope that these papers can ease the transition from a treatment model dominated by the concepts of strict prohibition, to one that is part of a coherent public health approach to drug use and drug control.

References

1. United States Conference of Mayors. Needle exchange: public health and politics. Presented at: "American Cities Against Drugs," Atlanta, GA, May 15, 1995.
2. Lurie P, Reingold AL, Bowser B, et al. *The Public Health Impact of Needle Exchange Programs in the United States and Abroad. Volume I.* University of California, San Francisco; October 1993.